

C-1P-1646

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print Type) Wilhelm Palmen Jr. Signature *W. Palmen Jr.* Date 06-14-2001

Combined Transmittal and Fee Calculation Sheet

☐ Small Entity ☒ Large Entity

Application Number 09/816,737
Confirmation Number 6527
Filing Date March 23, 2001
First Named Inventor Bhatnagar
Examiner Unassigned
Group Art 1646
Attorney Docket No. 06510223CON2

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
Total					\$ -
Independent					\$ -
Multiple					
Total Extra Claim Fees					\$ -

☐ Extension of time from _____ to _____

RECEIVED

Fee

JUN 21 2001

TECH CENTER 1-800-230-0000

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

☐ Executed Declaration

Pages

☐ Other

Fee

Surcharge Fee

Fee

Fee

Fee

Fee

Subtotal \$ -

☒ Information Disclosure Statement

☒ PTO Form 1449

Pages

2

☒ 0 Copies of Cited References

☐ Other

Fee

Subtotal \$0.00

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

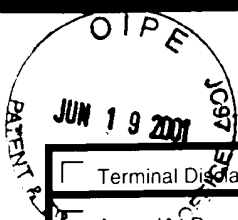
☐ Paper Copy of Sequence Listing

Pages

☐ Diskette in computer-readable format

☐ Other

Fee



RECEIVED

JUN 21 2001

<input type="checkbox"/> Terminal Disclaimer		Fee			
In Appeal to Board of Appeals and Appeal Communication to Group					
<input type="checkbox"/> Notice of Appeal	Pages		Fee		
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee		
<input type="checkbox"/> Reply Brief	Pages		Fee		
Subtotal			\$ -		
<input type="checkbox"/> Issue Fee PTO 85B					
Fee					
<input type="checkbox"/> Advance copies					
Fee					
<input type="checkbox"/> Submission of Formal Drawings Transmittal with sheets enclosed					
Subtotal			\$ -		
<input type="checkbox"/> Other Enclosures and/or Fees					
Fee					
<input type="checkbox"/> Change of Correspondence Address					
<input checked="" type="checkbox"/> Return Receipt Postcard					
TOTAL FEES			\$ -		
The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.					
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED					
Name (Print/Type)	KATHLEEN S. HALL		Registration No.	44,143	
Signature	<i>Kathleen S. Hall</i>		Date	06-14-2001	
Firm Name	Bozicevic, Field & Francis LLP		Address	200 Middlefield Road, Suite 200	
City	Menlo Park	State	California	zip	94025
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